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|--|------------------------|--------------------------|
| REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS | Application Number | 10/781,484 |
| | Filing Date | February 18, 2004 |
| | First Named Inventor | Rafail Zubok |
| | Art Unit | 3738 |
| | Examiner Name | Not Yet Assigned |
| | Attorney Docket Number | SPINE 3.0-455 CIP CONT V |

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number:

OR

| | | | | | |
|--|--|-------|-----|-----|--|
| <input type="checkbox"/> Firm or Individual Name | | | | | |
| Address | | | | | |
| City | | | | | |
| Country | | State | | Zip | |
| Telephone | | | Fax | | |

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

| | | | |
|-----------|-----------------------------------|-----------|--------------|
| Name | Joseph P. Errico, SpineCore, Inc. | | |
| Signature | | | |
| Date | 9/21/04 | Telephone | 908-522-3460 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of 1 forms are submitted